

## Instructions for the Application for Licensure

The application for licensure is for both the licensed practical nurse and the registered nurse. Complete all sections as outlined below. **An incomplete application will be returned to you.** Boxes are provided for you to mark those areas of the application that you have completed. **If you have any questions, go to the KBN website at <http://kbn.ky.gov/license.htm> and select the areas listed to search for information.**

**Licensure fees and regulatory requirements are subject to change. Application fees are NON-REFUNDABLE.**

**Fees are as follows:** Examination - \$110 Endorsement - \$120 Reinstatement - \$120 Change to Active - \$95 (RNs only)

You are required to complete the following sections of the application related to your method of application:

### Method of Application

Examination

Endorsement

Reinstatement

Change to Active Status (RNs only)

### Complete These Sections

1, 2, 3, 4, 5, 6, 7, 8, 12

1, 2, 3, 4, 5, 6, 7, 9, 12

1, 2, 3, 5, 6, 7, 10, 12

1, 2, 3, 5, 6, 7, 10, 12

Either NurSys Form or Attachment 2

Attachment 1 (If Applicable)

Attachment 1 (If Applicable)

## Section 1: Biographical Data

- ☐ If the name on your application differs from the name on any documentation submitted for licensure, you must include a copy of a legal name change document with your application. **Acceptable documentation includes a social security card, marriage license, court order, or divorce decree showing the right to a name change.** You are required to notify the KBN office in writing of any subsequent address or legal name change within 30 days. If you are NOT a U.S. citizen, you must maintain proof of permanent or temporary residency under the laws and regulations of the United States (additional information enclosed).

## Section 2: Type and Method of Application

- ☐ Darken the appropriate circle to indicate whether you are applying for a RN or LPN license.
- ☐ Mark the appropriate method of application:
1. **EXAMINATION:** You will be taking the NCLEX examination.
  2. **ENDORSEMENT:** You hold an active nursing license in another jurisdiction.
  3. **REINSTATEMENT:** Your Kentucky license lapsed, and you want an active Kentucky license.
  4. **CHANGE TO ACTIVE STATUS:** You have an inactive RN Kentucky license and want an active RN Kentucky license.

If you are an ARNP, indicate whether you are also applying for ARNP registration by marking the appropriate response.

## Section 3: Primary Residence and Nursing Practice

- ☐ List your primary state of residence, and list all the states in which you are currently practicing as a nurse.

## Section 4: Nursing Education

- ☐ The basic program of nursing must reflect the educational preparation for the type of license for which you are now applying. If you are a LPN applying to Kentucky for a RN license, the school information you provide in this section must reflect the RN program. Similarly, if you are a RN who graduated from a diploma or ADN program and later completed a BSN program, the information in this section must reflect the first RN program completed. Lines are provided for you to list any additional educational programs you completed.
- ☐ If your nursing education was not in the U.S., refer to the insert entitled "Foreign Educated Applicants for Licensure," or go to <http://kbn.ky.gov/license/foreign.htm> to review this information.

## Section 5: Disciplinary

- ☐ Boards of nursing report disciplinary actions taken on nurses' licenses and the privileges to practice nursing to the NCSBN. If you have had disciplinary action taken by another board of nursing, you must include a board certified copy of the action taken and a letter of explanation with this application. **Failure to report any action pending or disciplinary action EVER taken on a nursing license you held/hold and/or any privilege to practice is deemed to be falsification of the application and subjects you to disciplinary action by KBN.**

## Section 6: Criminal History

- ☐ A criminal history search is completed on applicants for licensure in Kentucky. You must submit a certified copy of the court record of each misdemeanor or felony conviction in any jurisdiction and a letter of explanation that addresses each conviction EXCEPT for traffic related misdemeanors (other than DUIs) OR misdemeanors older than 5 years. If you have had criminal convictions, file your application with KBN at least 3 months prior to your anticipated date of employment in Kentucky or 2 months prior to graduation. **If you previously applied for or received a Kentucky nursing license, indicate whether any misdemeanors or felonies you had were previously reviewed by KBN. Failure to report any criminal convictions EVER received is deemed to be falsification of the application and subjects you to disciplinary action by KBN.**

**Section 7: Employment in Kentucky as a LPN, RN, or ARNP**

- ☐ Complete this section only if you have accepted employment as a nurse in Kentucky. DO NOT complete this section if you are employed in Kentucky in a non-nursing or unlicensed position.

**Section 8: Application for Licensure by Examination**

This application is valid for one year from the date received at KBN or until failure of the licensure examination. A new application and fee are required each time NCLEX is to be taken.

- ☐ **#1. CRIMINAL HISTORY REPORT:** You must submit a criminal history report from the Administrative Office of the Court. **You will NOT receive a provisional license until this report is received at KBN.**
- ☐ **#2. EVIDENCE OF GRADUATION:** As a graduate of a Kentucky nursing program, your school must submit your name on a certified list of graduates. As a graduate of an out-of-state nursing program, you must request your school of nursing to send an official transcript, with degree posted, or a certified list of graduates to KBN. **Evidence of graduation must be received before you will be issued a provisional license.**
- ☐ **#3. HIV/AIDS EDUCATION REQUIREMENT:** Two contact hours of KBN approved HIV/AIDS education are required for licensure in Kentucky. If you graduated from a Kentucky nursing program, you met this requirement in your prelicensure program. If you graduated from an out-of-state nursing program, you are required to meet this requirement within 6 months of the date your Kentucky nursing license is issued. **Additional information is available at <http://kbn.ky.gov/education/ce/cecourses.htm>.**
- ☐ **#4. DOMESTIC VIOLENCE EDUCATION REQUIREMENT:** Three contact hours of approved domestic violence education are required within 3 years of the date your Kentucky nursing license is issued. If you graduated from a Kentucky nursing program after May 1, 1998, this requirement was included in your school's curriculum. **Additional information is available at <http://kbn.ky.gov/education/ce/cecourses.htm>.**
- ☐ **#5. REGISTRATION FOR THE NCLEX:** Contact Pearson/VUE ([www.pearsonvue.com/nclex](http://www.pearsonvue.com/nclex)) for questions regarding the registration process, the authorization to test (ATT), and/or the NCLEX examination. The Pearson/VUE registration site is a secure, encrypted website. When registering for NCLEX, you MUST provide your SS# and the month and year you will complete your nursing program. If you do not provide this information, KBN records will not indicate that you registered for NCLEX, and you cannot be made eligible to test.

**You may register with Pearson/VUE by one of the following methods:**

1. **Candidate Website** at [www.pearsonvue.com/nclex](http://www.pearsonvue.com/nclex), select "Create a web account and register for an NCLEX examination."
2. **Telephone** the NCLEX Candidate Services at 1-866-499-2539.
3. **Regular Mail to NCLEX Operations:** Mail your application to register for NCLEX and a certified check, cashier's check, or money order made payable to the National Council of State Boards of Nursing.

If you register via the Internet or by telephone and provide a valid email address, you should receive your ATT within 48 hours of being made eligible to test. If you register by regular mail, it may take up to 6 weeks to receive your ATT. **Additional information on eligibility, the ATT, and the Clinical Internship as a graduate nurse is located at <http://kbn.ky.gov/license/exam.htm>.**

☐ **#6. CLINICAL INTERNSHIP REQUIREMENTS**

**6a. CLINICAL INTERNSHIP AND THE PROVISIONAL LICENSE:** All new graduates must complete a clinical internship of 120 hours of supervised nursing practice which involves any component of direct patient care. The clinical internship shall be completed within 6 months of the issuance of the provisional license, unless an extension has been granted by the Board. The holder of a provisional license may use the title "registered nurse applicant" and the abbreviation "RNA" or the title "licensed practical nurse applicant" and the abbreviation "LPNA." The RNA must work under the direct supervision of a registered nurse and the LPNA must work under the direct supervision of a nurse. Neither the RNA nor LPNA may engage in independent nursing practice. The provisional license permits the holder to begin the clinical internship, and will be issued within 14 days of the receipt of the following:

1. A completed application for licensure.
2. Licensure processing fee.
3. Criminal History Report (Courtney).
4. Evidence of graduation.

**6b. EVIDENCE OF COMPLETING THE CLINICAL INTERNSHIP:** It is the applicant's responsibility to assure that the Verification of Completion of the Clinical Internship Form is received at KBN before the expiration date of the provisional license. The form will be sent to you with your provisional license. If all requirements for licensure have not been completed within 6 months, the provisional license shall become void.

**6c. UNSUCCESSFUL NCLEX EXAM:** Upon notification that you were unsuccessful on your NCLEX exam, your provisional license and your ATT are null and void, and you may no longer practice as a RNA or a LPNA. Practicing without a provisional license or a Kentucky nursing license subjects you to disciplinary action by KBN.

## Section 8: Application for Licensure by Examination (Continued)

- ☐ **#7. AUTHORIZATION TO TEST (ATT):** If you have registered for NCLEX and if KBN has received evidence of completion of your clinical internship, Pearson/VUE will send your ATT to your valid email address within 7 days or to your postal address within 6 weeks.
- It is recommended that you register with Pearson/VUE before you submit your application to KBN. **Beginning January 1, 2006, you may no longer begin orientation with your ATT.**
- ☐ **#8. PERMANENT KENTUCKY NURSING LICENSE:** Your permanent nursing license will be issued within 14 days of KBN receiving validation that you passed NCLEX.
- ☐ **#9. RETAKING NCLEX:** To retake NCLEX, you must:
1. Re-register for NCLEX with Pearson/VUE and pay the required fee.
  2. Reapply with KBN and pay the application fee.
    - a) If the passport photograph was taken more than 6 months before reapplying, you must submit a new one.
    - b) A criminal history report (CourtNet) is valid for a period of 6 months. If the date in the upper right corner of the report is greater than 6 months prior to the date your application is received at KBN, you must submit a new report.
- ☐ **#10. ROLE DELINEATION COURSE:** A graduate of a board approved registered nurse program who is unsuccessful on the National Council Licensure Examination (NCLEX) for registered nurses may apply for licensure by examination as a licensed practical nurse. The requirements are:
1. A completed application for a licensed practical nurse.
  2. Evidence of completion of a Board approved practical nursing role delineation course submitted by a program administrator.
  3. Registration for the NCLEX for a licensed practical nurse.
  4. Evidence of completing 120 hours of clinical internship as a LPNA.
- A provisional license will be issued within 14 days of receipt of 1 and 2 above. You will be made eligible to test and receive your Authorization to Test (ATT) within 14 days of receipt of 3 and 4 above.
- You may continue to retake NCLEX for RN as in #9 in this section.

## Section 9: Application for Licensure by Endorsement

The application is valid for 6 months following the date received at KBN. If you fail to complete all requirements within the 6-month period, you must submit another application and pay another \$120 fee. **It is your responsibility to assure that all requirements are met at least 14 days before the application expires.**

**You are required to provide the following:**

- ☐ **#1. CURRENT ACTIVE LICENSE:** Proof of current active licensure in another state or country must be submitted with this application. If your license card requires a signature, it must be signed.
- ☐ **#2. COMPETENCY VALIDATION IS VERIFIED BY: (If you are a new graduate, see #6 below)**
1. Being licensed within the last 5 years.
  2. Employment as a nurse for 500 hours within the past 5 years.
  3. Employment as a nurse for at least 100 hours within the past 5 years.
- ☐ Contact KBN, endorsement licensure specialist, for CE(s) requirements.

**If you have not met one of the above validations of competency, you must provide proof of :**

- ☐ 120 contact hours earned within 1 year of the date of application.
- OR**
- ☐ Completion of a KBN approved refresher course within 2 years of date of application.
- ☐ **#3. FINGERPRINT CARD:** All applicants for endorsement are required to complete a fingerprint card and submit it to KBN with the additional \$24 processing fee. The fingerprint card must be one provided by the KBN. After completing the biographical data on the fingerprint card, take the card to any law enforcement agency in any state for the fingerprinting process. A separate instruction sheet showing the biographical data to be completed is included in this application packet. Additional information can be found at <http://kbn.ky.gov/license/endorse.htm>.
- ☐ **#4. TRANSCRIPTS:** Transcripts are required of all applicants. **Original transcripts must be sent to KBN directly from the nursing program.**
- ☐ **#5. NAME CHANGE/ADDRESS CHANGE:** If the name on your application will differ from the name on any documents received by KBN, you must submit a copy of a legal name change document(s) with this application. Address changes made after filing the application with KBN must be in writing and must include name, social security number, old address, and new address.
- ☐ **#6. EVIDENCE OF COMPLETING A CLINICAL INTERNSHIP:** An applicant who has not practiced as an RN in another state or territory for at least 120 hours within the first year following graduation from a school of nursing shall be required to complete a clinical internship within 6 months of the issuance of the provisional license, unless an extension has been granted by the Board.

## Section 9: Application for Licensure by Endorsement (Continued)

### ☐ #6. EVIDENCE OF COMPLETING A CLINICAL INTERNSHIP (Continued):

The Verification of Completion of the Clinical Internship Form will be mailed to you with your provisional license. It is the applicant's responsibility to assure that the form is received at KBN before the expiration date of the provisional license. Practicing without a provisional license or a Kentucky nursing license subjects you to disciplinary action by KBN.

A provisional license will be issued within 14 days of receipt of:

1. A completed application;
2. Licensure processing fees; and
3. Items 1, 3, 4, and 5 as listed on the instructions.

### ☐ #7. HIV/AIDS CE: Proof of earning 2 contact hours of HIV/AIDS education earned not more than 2 years prior to the date the application is received at KBN. A list of approved courses can be found at <http://kbn.ky.gov/education/ce/cecourses.htm>.

### ☐ #8. VERIFICATION OF ORIGINAL LICENSURE (NurSys Form or Attachment 2): If your state of original licensure is listed on the NurSys Form, complete the top portion of that form and send to the address as directed or go to [www.nursing.com](http://www.nursing.com) and apply. If your state of original licensure is NOT listed on the NurSys form, complete the top portion of Attachment 2 and send it with the appropriate fee to the nursing board in your state of original licensure. For a list of states that require the NurSys Form, go to <https://www.nursys.com/includes/processing/PSPartState.asp>. If your state is listed on the website, go to <https://www.nursys.com> and print the NurSys Form or request verification using a credit card.

### TEMPORARY WORK PERMIT (TWP): A TWP will be issued within 14 days of receipt of:

1. A completed application;
2. The \$144 fee (\$120 for the application to KBN and \$24 for the fingerprint card and report; and
3. Items 1-5 listed on page 3 of the instructions.

The TWP is valid for 6 months from the date issued and may not be extended. **If all requirements for licensure are not met before the TWP expires, your application and TWP expire, and you must reapply.** You must hold either a TWP or provisional license issued by KBN or a current active Kentucky nursing license to be employed as a nurse in Kentucky. Practicing without a TWP, provisional license, or Kentucky nursing license subjects you to disciplinary action by KBN.

### PERMANENT KENTUCKY LICENSE: A permanent Kentucky nursing license will be issued within 14 days of receipt of:

1. All items listed above (items 1-5, necessary for a TWP and items 6 and 7); and
2. The FBI report resulting from submission of the fingerprint card.

If you hold a provisional license, a permanent Kentucky nursing license will be issued within 14 days of receipt of items 6, 7, and 8 listed above.

**IT MAY TAKE THE FBI 4-8 WEEKS TO RETURN A CRIMINAL HISTORY REPORT. It is your responsibility to assure that all documents have been received BEFORE the application for licensure expires.**

### ☐ #9. DOMESTIC VIOLENCE CE: Proof of earning 3 contact hours of domestic violence education must be earned within 3 years of the date you are issued your Kentucky nursing license. DO NOT SUBMIT PROOF OF EARNING THE DOMESTIC VIOLENCE CE UNLESS REQUESTED TO DO SO. A list of approved courses can be found at <http://kbn.ky.gov/education/ce/cecourses.htm>.

## Section 10: Application for Licensure by Reinstatement or Change of Status

This application is valid for one year from the date received at KBN. If you fail to complete all requirements within the 12-month period, you must submit another application and pay another \$120 fee. **It is your responsibility to assure that all requirements are met at least 14 days before the application expires.**

You are required to provide the following:

### ☐ DOMESTIC VIOLENCE CE: Proof of earning 3 contact hours of domestic violence education. A list of approved courses is available at <http://kbn.ky.gov/education/ce/cecourses.htm>.

### ☐ COMPETENCY VALIDATION: Choose one of the following methods that you wish to use to validate competency.

#### ☐ #1. 500 hours of employment as nurse within 5 years of the date your application is received at KBN:

- ☐ Include a copy of an active nursing license from the state where you were employed those 500 hours.
- ☐ Complete the top portion of Attachment 1 and send it to the employer who will validate that you worked the 500 hours as a nurse. **The employer must mail or fax the completed form to KBN. No Kentucky employment will be accepted.**

#### ☐ #2. Continuing Education: If your Kentucky license lapsed within the past 5 years, contact the reinstatement licensure specialist for information regarding the CE earnings that must be submitted. Continuing education credits earned more than 5 years preceding the date your application is received at KBN will not be accepted.

**Section 10: Application for Licensure by Reinstatement or Change of Status (Continued)**

- ☐ **#3. If you have not worked as a nurse 500 hours within 5 years of the date your application is received at KBN, you may submit either 3a or 3b (see below).**

**3a. Refresher Course:** You must provide proof of completing a KBN approved refresher course within 2 years of the date your application is received at KBN.

**OR**

**3b. 120 Continuing Education Hours:** You must provide proof of completing 120 contact hours of CE earned within 1 year of the date your application was received at KBN.

- ☐ **NAME/ADDRESS CHANGE:** If the name on your application will differ from the name on any documents received by KBN, you must submit a copy of a legal name change document with this application. Address changes must be in writing and must include name, address, SS#, date of birth, and license number (if known).

**PERMANENT KENTUCKY LICENSE:** A permanent Kentucky nursing license will be issued within 14 days of receipt of all requirements listed above.

**Section 11: Responsibility and Accountability of Kentucky Licensed Nurses**

- ☐ The portion of nursing law cited in this section explains the accountability and responsibility of all nurses licensed to practice nursing in Kentucky. **Please read it carefully.** All Kentucky nursing laws and regulations may be found at <http://kbn.ky.gov/laws.htm>.

**Section 12: Notary**

- ☐ All applications must be notarized. Do not sign the application until you are in the presence of a Notary Public. **You are held legally accountable for the truthfulness and validity of the information you provide on the application.**

**Photograph**

- ☐ **A passport photograph, taken no more than 6 months prior to the date the application is notarized, must be attached in the space provided.** Print your name on the back of the photo in case the photograph becomes separated from the application.

Visit KBN's website at <http://kbn.ky.gov> for forms, CE requirements, CE providers, refresher courses, regulations, and other licensure information.

**Kentucky Board of Nursing**

312 Whittington Pky, Suite 300  
Louisville, KY 40222-5172  
502-429-3300 or 800-305-2042

**APPLICATION FOR LICENSURE****APPLICATION FEE IS NON-REFUNDABLE**

Office Use Only

**Print clearly using capital letters and black ink. Refer to instruction sheet before completing this application.****Method of Application**

Examination  
Endorsement  
Reinstatement  
Change to Active Status

**Fee**

\$110  
\$120  
\$120  
\$95

**Complete These Sections**

1, 2, 3, 4, 5, 6, 7, 8, 12  
1, 2, 3, 4, 5, 6, 7, 9, 12  
1, 2, 3, 5, 6, 7, 10, 12  
1, 2, 3, 5, 6, 7, 10, 12  
Either NurSys Form or Attachment 2  
Attachment 1 (If Applicable)  
Attachment 1 (If Applicable)

**Section 1: Biographical Data**

Last Name																								
First Name																	M.I.							
Maiden Name																	Male:	<input type="radio"/>	Female:	<input type="radio"/>				
Street																								
City																	State		Zip					
County of Residence																								
International Country (Not U.S.A.)																	International Postal Code							
Daytime Phone #				-				-				Home Phone #				-								
Social Security #				-				-				Date of Birth			-			-						
U.S. Citizen?	Yes	<input type="radio"/>	No	<input type="radio"/>	If you answered "no" you must provide a copy of your immigration documents with this application.																			

**Section 2: Type and Method of Application**

License Type: RN ☐ If you have never held a Kentucky license: Endorsement ☐ Examination ☐  
LPN ☐ If you hold or held a Kentucky nursing license: Reinstatement ☐ Change to Active Status (RN Only) ☐  
Will you also be applying for ARNP registration? Yes ☐ No ☐ If yes, you must complete the ARNP application.

**Section 3: Primary Residence and Nursing Practice**

List your primary state of residence: KY ☐ Other ☐

**Section 4: Nursing Education**

Answer the following questions about the nursing education that is the basis for this application. If you are a LPN applying for licensure as a RN, the information you provide in the spaces below must reflect your RN nursing education.

**Basic Program of Nursing Name (Name of School)**City  State  Country (If Not U.S.A.) 

Month & Year Entered  -   
Month & Year Graduated  -

**Additional Education:** (Attach resume or a separate sheet if additional space is needed)School Name City  State Month & Year Graduated  -  Degree Earned: 

If your nursing education was received outside of the U.S.A., you must obtain a VisaScreen Certificate.  
See the instructions for additional information.

**OFFICE USE**

Type Nursing Program: Tech/LPN ☐  
RN Diploma ☐  
ADN/AAS ☐  
BSN ☐  
Other ☐  
List Type



**Section 5: Disciplinary**

If you answer "yes" to any of these questions:

1. Submit a detailed letter of explanation for each action taken.
2. Attach a certified copy of the Board's action.

Have you ever been denied a nursing license?  
(For reasons other than failure to pass State Board Exam/NCLEX)Yes ☐ No ☐

Have you ever had any disciplinary action on your nursing license or your privilege to practice nursing in any state(s)?

Yes ☐ No ☐

Do you have disciplinary action or a complaint pending on your nursing license or your privilege to practice in any state(s)?

Yes ☐ No ☐**Your application will not be processed until these documents are received.****Darken the appropriate circle and print in the boxes provided.**

If yes, list STATE and YEAR

 - 

If yes, list STATE and YEAR

 -  -  -  -  - **Section 6: Criminal History**

You must:

**Your application will not be processed until the required documents are received.****REPORT:****SUBMIT:**

- |  |  |
|--|--|
| 1. All felony convictions ever received . . . . .                              | Certified Court Documents & Detailed Letter of Explanation |
| 2. All misdemeanor(s) received within 5 years of the date of application . .   | Certified Court Documents & Detailed Letter of Explanation |
| 3. All DUIs . . . . .  | Certified Court Documents & Detailed Letter of Explanation |
| 4. All misdemeanor(s) received prior to 5 years of the date of application . . | No Documents Required                                      |

**Note: Traffic violations OTHER than DUIs do not need to be reported.**Have you ever been convicted of a misdemeanor(s)? Yes ☐ No ☐

If yes, list STATE and YEAR

 - 

If yes, list STATE and YEAR

 - 

Type of conviction: \_\_\_\_\_

Have you ever been convicted of a felony(s)? Yes ☐ No ☐ -  - Since you last applied for or were issued a Kentucky nursing license, have you had any misdemeanors or felonies? Yes ☐ No ☐**Section 7: Answer Only if you are Employed in KY as an LPN, RN, or ARNP**Date of Kentucky Employment:  -  -  Employed as: RN ☐ LPN ☐ ARNP ☐Employer: City:  Employer's Telephone:  -  - **Section 8: Application for Licensure by Examination (Valid for One Year)**

Complete this section if you have never been licensed as a nurse, or if you are an LPN applying to take the NCLEX for RN licensure. You must register with the NCLEX test service before this application will be processed. A **criminal history report** obtained from the Administrative Offices of the Court must be submitted with this application. The form is enclosed.

A provisional license will be issued 7-14 working days after you have submitted a completed application, criminal history report, and your program of nursing has submitted either a certified list of graduation that includes your name or an official transcript with degree posted.

Have you previously had a provisional license issued by KBN? Yes ☐ No ☐ If yes, was it for: RN ☐ LPN ☐

If you were educated in an RN program of nursing (PON) and were unsuccessful on the RN NCLEX, you may take the LPN NCLEX after successful completion of an approved role delineation course. If you are applying for a LPN license and were educated in a RN PON, list the name of the LPN role delineation program you completed: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Applicants educated in a state other than Kentucky must have the nursing program send KBN an official transcript showing the date the degree was granted, and complete 2 hours of CHS HIV/AIDS education. If you do not submit evidence of meeting the HIV/AIDS requirement with this application, signing this application constitutes an agreement that such evidence will be submitted to KBN within 6 months from the date the application is notarized. **Failure to do so will result in disciplinary action. Nurses educated outside of the U.S.A. must have a VisaScreen Certificate from CGFNS.** (See enclosed instructions for additional information.)

**Section 9: Application for Licensure by Endorsement - Valid for 6 Months**

State   & Year    of Original Licensure as RN      State   & Year    of Original Licensure as LPN

If you hold a current active license, choose ONE of the following:

- ☐ I have been licensed less than 5 years.
- ☐ I have worked 500 hours within the last 5 years. **Attachment 1 not needed.**
- ☐ I have not worked 500 hours in the last 5 years but have been licensed in another state longer than 5 years. **Contact KBN for requirements.**

Applicants for endorsement must submit:

**Refer to the instruction sheet for additional requirements if your nursing education was not received in a U.S. jurisdiction.**

1. A copy of a current and active nursing license.
2. A fingerprint card issued by KBN (and additional \$24 processing fee).
3. Verification of original licensure. **NurSys Form or Attachment 2**
4. Evidence of having earned 2 contact hours of KBN approved HIV/AIDS education. Contact hours must not be earned more than 2 years prior to date of application.
5. **A transcript may be required** (see the instruction sheet for additional information).

**New Graduates Only:** All applicants are required to practice 120 hours within the first year following graduation. If you graduated within the past year, select one of the following:

- ☐ I have practiced 120 hours in the licensure type for which I am applying. Employer's Name \_\_\_\_\_  
Phone # \_\_\_\_\_
- ☐ I have NOT practiced 120 hours in the licensure type for which I am applying. **Contact KBN Endorsement for more information.**

**Section 10: Application for Licensure by Reinstatement or Change of Status**

For which licensure status are you applying?      **Reinstatement** ☐      **Change to Active Status (RN Only)** ☐

Select ONE of the following:

- ☐ I have worked 500 hours within the past 5 years as a nurse in another state. **You must submit:**
- Verification of employment (**Attachment 1**); **AND**
  - A copy of a current active license from that state; **AND**
  - Proof of earning 3 contact hours of KBN approved domestic violence education.
- ☐ I have NOT worked 500 hours within the past 5 years as a nurse. **You must submit:**
- Proof of earning 120 KBN approved continuing education hours, earned within 1 year of the date of application; **OR**
  - Proof of completing a KBN approved refresher course, earned within 2 years of the date of application; **AND**
  - All applicants must ALSO submit proof of earning 3 contact hours of KBN approved domestic violence CE.
- ☐ My Kentucky nursing license lapsed within the past 5 years. **Contact the reinstatement licensure specialist for specific requirements.**

**Section 11: Responsibility and Accountability of Kentucky Licensed Nurses**

KRS 314.021(2): All individuals licensed under provisions of this chapter shall be responsible and accountable for making decisions that are based upon the individual's educational preparation and experience in nursing and shall practice nursing with reasonable skill and safety.

**Section 12: Notary - All Applications Must Be Notarized**

I certify that I am the person referred to in the foregoing application for licensure in Kentucky and who is pictured in the enclosed photograph; that all statements contained herein and on all attachments are true and correct in every respect; that I have read and understand this application and all requirements stated therein. I further understand that all information on this application is subject to an audit for verification and that the falsification of any information contained herein will be cause for disciplinary action. I declare my primary state of residence to be the state as indicated in Section 3 of this application.

**Applicant's Signature**

Subscribed and sworn to before me by \_\_\_\_\_  
(Print Applicant's Name)

On this date:   -   -

Notary Public \_\_\_\_\_

State of        My Commission Expires   -   -

**Office Use Only**

HIV/AIDS in PON: \_\_\_\_\_

**Passport Photograph**

This space to contain a recent passport photograph.

Picture must fit in this area.

Only passport photos will be accepted.

Tape photo in this section.

Print your name on the back of your photo.

6/2005

**Make check or money order payable to Kentucky Board of Nursing (fees are non-refundable).**



**Kentucky Board of Nursing**312 Whittington Pky, Suite 300  
Louisville, KY 40222-5172Phone: 502-429-3300 or 800-305-2042 X 252  
Fax: 502-696-3952**VERIFICATION OF EMPLOYMENT****ATTACHMENT 1**

6/2005

**To the Applicant**

**Complete the top portion of this Verification of Employment form.** In the spaces below, list a past employer who will verify that you worked as a nurse 500 hours during the past five years. **THE EMPLOYER MUST DIRECTLY MAIL OR FAX THIS FORM TO THE KENTUCKY BOARD OF NURSING.**

Applicant's Last Name:

Applicant's First Name:

SS #:  -  - Year of Graduation From Basic PON: Employed As: RN ☐ LPN ☐Employing Facility: Facility's Address: City:  State:  Zip:  - Facility's Phone #:  -  -  Employed From (Month/Year):  -  Employed To (Month/Year):  - **Application Type**Endorsement ☐ Reinstatement ☐**DO NOT WRITE BELOW THIS LINE****INFORMATION BELOW THIS LINE IS TO BE COMPLETED BY A PREVIOUS EMPLOYER****To the Employer**

**Complete this portion of the Verification of Employment form, and then MAIL OR FAX THIS FORM DIRECTLY TO THE KENTUCKY BOARD OF NURSING.**

Has the above named individual been engaged in active nursing practice for at least 500 hours during the past five years at this facility?

Yes ☐  
No ☐

If no, list the number of hours of practice: \_\_\_\_\_

Facility Name \_\_\_\_\_

Employer's Name (Please Print) \_\_\_\_\_

Title &amp; Phone # \_\_\_\_\_

Employer's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Office Use Only**

Person Contacted at Above Facility: \_\_\_\_\_

Employment Verified? \_\_\_\_\_

If no, explanation rec'd: \_\_\_\_\_

Title of Person Contacted: \_\_\_\_\_

Yes ☐ No ☐

Date &amp; Time Contacted: \_\_\_\_\_